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CONFIRMATION NO. 5420

<b>SERIAL NUMBER</b> 10/008,955	<b>FILING OR 371(c) DATE</b> 12/07/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 06-129 PCT/US/CIP
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**APPLICANTS**  
 Hans Klingemann, Winnetka, IL;  
*see M31*

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/403,910 10/27/1999 ABN which is a 371 of PCT/US98/08672 04/30/1998 which claims benefit of 60/045,885 04/30/1997

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*see M31*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 01/03/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

**ADDRESS**  
30058

**TITLE**  
Natural killer cell lines and methods of use

<b>FILING FEE RECEIVED</b> 501	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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